STURGIS POLICE DEPARTMENT FREEDOM OF INFORMATION REQUEST FORM

REPORT #:	
INCIDENT DATE :	REQUEST DATE:
INCIDENT LOCATION :	
REQUESTOR'S NAME:	
REQUESTOR'S PHONE #:	FAX # (if applicable):
SPECIFIC INFORMATION ABOUT REQUEST:	
(4) Transfers made 2: T. V. T. N	
	en ready?: Y N (3) Fax when ready?: Y N
FOR (OFFICE USE ONLY
Deposit : Amount Due:	Invoice #:
FOIA form released? Y N Mailed/Fa	exed/F.D.: EMPL: DATE:
Deleted: SS# DL# Victim Ac	ddr/Tx
Records Clerk/Other Date	
COMMENTS:	

Rev. 02/21/2008

FOIA REQUEST